

Provider Monitoring Procedures Outline

October 13, 2011

Introduction:

Following is an outline for the essential provider monitoring procedural components. Procedures should be written as clearly and simply and with as much transparency as possible, avoiding the over use of acronyms and terms not easily understood by a diverse audience. It is important to describe the procedures for a variety of reasons including:

- It contributes to consistent practice among reviewers or surveyors
- It enables providers to use the process (and tool) for self-assessment
- It enables individuals and families and other stakeholders to understand the process and what the monitoring results mean

I. Definitions

This section should be used to provide the reader with definitions for terms, words and acronyms that will be used in the process and/or tool.

II. Purpose of the survey

Description of the intended purpose (or multiple purposes) of the process and tool, such as if it is to be used for licensure, certification, quality enhancement, and/or individual planning team. If applicable, reference the authority for the process such as in contract/agreement, rule, law and/or statute.

III. Guiding principles or mission

Provide a list of the overarching values or expectations underlying the process. Examples include that the process is transparent, that it provides useful information to individuals and families, etc.

IV. Reference statutes, rules/regulations, etc.

If not included in Section II, description of and reference to the state/federal standards under which the state measures provider performance (e.g., statutes, contract, agreement, SOP).

V. Applicable services

Description of the services to be reviewed using the process and tool such as residential, work/day, and individual/family support or a specific funding stream such individuals

receiving HCBS Waiver services. It may also specify if the review does not cover certain services or is modified to cover only aspects of the service such as self-directed supports.

VI. Relationship to other monitoring processes/authorities

If applicable, reference other provider oversight authorities or processes and display/describe their relationship to this process. Examples include,

- Information from this monitoring is used as a basis for licensure by another division or agency*
- Results of this process are used to determine enrollment/re-enrollment as a “qualified provider” for the waiver by the Medicaid office*

VII. Scope of the review

Definition of what portion of the agency is subject to the review such as the entire provider for all their services within the state, provider services within a county or region, services at a specific site/location and/or specific service types, etc. This section is important since it governs the content of the provider report and the sampling methodology that is used for the process (sections IX and XIX).

VIII. Survey tool and description

Description of the tool components that could include: outcomes/indicators, rating system, interpretative guides, and applicability of portions of the tool to specific services and supports and reference standards or rules. (Refer to Essential Components of a Provider Monitoring Tool below.)

IX. Sampling/audit methodology

If applicable, provide a description of whether all individuals or a sample of individuals/staff are interviewed, individual/staff records are reviewed, significant incidents/complaints are reviewed, etc. If a sample is selected, describe the size of the sample. In addition describe each sample if the size varies for different review processes. For example, describe if a large sample is selected for record review and a smaller sub-sample of individuals is to be interviewed. If the sample is stated in terms of percentages, it is also helpful to state the minimum/maximum number of individuals reviewed. Also describe the methods used to construct the sample such as whether it is randomly drawn, stratified, and/or representative (e.g., age, population, service type).

X. Survey team

If applicable, provide a description of the team composition such as if the team is comprised of state staff, providers, individuals, and/or family members. May also describe if there are limitations on who can be a member of the team. An example would be survey staff who had worked for the provider in the recent past.

If applicable, define team leader and team member roles and responsibilities as well as training for the team and reliability of interpretation among all team members.

XI. Notification

Description of when the agency is notified of the survey. There may be one or two notifications depending if notification of the sample and start of the survey are the same or different. When announced surveys are the general practice there might be a description of circumstance under which an unannounced review is conducted.

XII. Pre-review activities

Description of what documents and/or data are reviewed prior to the on-site (e.g., incident reports, investigations, service plans, provider QM plans, provider policies and procedures). This should align with the survey tool.

XIII. On-site survey process

Description of how the survey is conducted such as through interviews (e.g., in person, by phone, by mail), review of documentation, and/or through observation of services and supports. Include as well what type of documents are reviewed and who is likely to be interviewed. The on-site process should align with the survey tool. For example, if the tool does not include an interview component the on-site process will not describe any discussions with staff or individuals unless they are done “informally” to validate or clarify issues found when doing a record review.

Also include interview parameters, especially when interviewing individual service recipients. Examples include whether the interview is voluntary or required, where interviews should or should not (e.g., person’s job site) be conducted, circumstances when a guardian would be interviewed.

XIV. Immediate jeopardy and follow-up

Description of how issues that jeopardize individuals’ health and safety are defined and identified and how follow-up is conducted to ensure that corrective actions are taken. If applicable, also include the role of team members who are mandated reporters.

XV. Post-review

Description of the activities of the team after the survey such as aggregating the ratings, team consensus meeting, etc.

XVI. Summary or exit meeting

If applicable, a description of the purpose of the meeting, how survey results are shared, what information is covered and who attends the meeting. Also identify if a draft report given out before the meeting or if the results are presented verbally. If the results are not tabulated and/or “findings” not completed, states should be cautious about what type of information they share and should only discuss what they are confident will be a part of the final report.

XVII. Rating/scoring system

This section is important and should describe how results are tabulated based on the sample (if a sample is used) are used to arrive at a decision about the performance of the provider. The rating system description should align with the description of survey decisions (section XVII) and the provider report (section XIX). The description should also describe any system employed to “weight” some of the scores, where applicable.

XVIII. Survey decisions and review frequency

If applicable, a description of how the survey results and conclusions are drawn from the rating system. Also define what type(s) of licensing, certification or other award is given as a result of the score, what, if any, rewards and acknowledgement for excellence are given and/or how sanctions are applied. If applicable, describe how the type of award determines how frequently the review is conducted.

XIX. Preliminary and final reports

Description of the overall content of the report, when the agency can expect to receive a preliminary report and, if applicable, and when a response to the report is due before the report is finalized.

XX. Dissemination

Description of to whom and when the report is disseminated. (May also include information about when survey results are posted on the web.)

XXI. Reconsideration/appeal

Description of the process(es) for appealing the survey results.

XXII. Work plan for improvement (or plan of correction) and follow-up

Description of how the agency must respond to correct specific issues identified in the report. Also describes what follow-up activities are conducted by the survey team.

XXIII. Quality Improvement

If applicable, describes how cumulative results of the review are used throughout the system to improve services and supports. (Also may describe how identified promising practices are acknowledged and shared).

XXIV. Provision of technical assistance

If not covered under XVII, workplan for improvement, describe how technical assistance is provided for identified issues in the agency report.

For some states, it will be important to discuss how Regional Offices are configured to provide training, support and technical assistance.

Essential Components of a Certification, Licensure, Monitoring Tool

Survey tools generally should include the following components:

1. Outcomes
2. Indicators, measures, expectations or requirements that measure the outcomes
3. Reference standard, policy, rule and/or statutes each indicator, expectation etc.
4. If needed, interpretative guides that explain and/or clarify the indicator, expectation, etc.
5. Rating/scoring methodology for each indicator, expectation etc.
6. If a sample is used, a method for aggregating the ratings or scores and a clear description as to how the scores roll up.
7. If applicable, a method for “weighting” the scores for some of the indicators, expectations, etc. especially scores for that have serious health and safety consequences for individuals.